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RURAL DISTRICT OF WADEBRIDGE

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ANNUAL REPORT

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE

**Year Ending 31st December, 1952**

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RURAL DISTRICT OF WADEBRIDGE

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**MEDICAL OFFICER OF HEALTH**

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**PUBLIC HEALTH STAFF:**

**Medical Officer of Health:**

J. REED, M.B., Ch.B., B.Sc., D.P.H.

**Surveyor and Sanitary Inspector:**

A. E. BEWES, M.I.M. & C.E., A.M.I.S.E.

**Additional Sanitary Inspector:**

R. NAPIER SPEIRS, M.R.San.A., M.S.I.A., R.P.

**Mr. Chairman and Councillors,**

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1952.

The vital statistics show an increase in the birth rate over 1951, and when corrected to 15.7, compares favourably with the rate for England and Wales. The death rate shows a reduction, and is lower than the country as a whole. It must be remembered however that for relatively small populations too much reliance should not be placed on these rates. The number of infant deaths remained the same, with the greater proportion occurring in the first month of life from causes similar to those of the still-births. Eleven deaths probably resulted from factors operating in the ante-natal period or during the course of labour.

The most welcome feature of the year was the commencement of work on the Council's De Lank water scheme, upon which the hopes, not only of the greater portion of the district, but also of neighbouring authorities, rely for an adequate supply of wholesome water. On this question of wholesome, some interest has been focussed on the fluorine content of drinking waters in relation to dental caries. The dental standard of school children in the Area is relatively poor, but it would not be justifiable to assume that this was primarily associated with a low fluorine water supply. However samples of the De Lank river submitted during the year show a low concentration of fluorides, which could be raised to suitable levels to provide dental protection. It would be a pity to defer this step if it could possibly be instituted at the outset.

The introduction of good water supplies must inevitably be followed by sewage disposal schemes. The deficiencies of adequate means of disposal become more evident each year, and none more urgent than the parishes with considerable coastal development, where unfortunately the type of development precludes simple and cheap schemes. These problems must be considered in the near future if nuisances are not to be perpetuated.

The misfortunes of the sanitary department during 1952 contributed largely to the fact that little routine work was carried out. It is a pity, I feel, that work has largely to be limited to examination on complaint, when so much good can be derived from education and suggestion, and is more truly in the nature of prevention.

I should like to express my thanks to the members of the Council and its Officials for their support during the year, and beg to remain,

Your obedient servant,

**JOHN REED,**

Medical Officer of Health.

# 1. STATISTICS.

## General Statistics.

Area in Acres	...	88,064
Estimated mid year population	...	16,350
Number of Inhabited Houses	...	4,801
Rateable Value	...	£73,634
Product of a Penny Rate	...	£311.19.5d.
Comparability Factors		
(a) Births	...	1.13
(b) Deaths	...	0.89

## Vital Statistics.

### Live Births.

TABLE I.

Number of Registered Live Births, 1952.

		Male	Female	Total
Legitimate	...	110	120	230
Illegitimate	...	5	3	8
		—	—	—
Total	...	115	123	238
Birth Rate per 1,000 population				13.9
Birth Rate per 1,000 population England & Wales				15.3

### Still Births.

TABLE II.

Number of Still Births Registered, 1952.

		Male	Female	Total
Legitimate	...	4	3	7
Illegitimate	...	—	—	—
		—	—	—
Total	...	4	3	7
Still Birth Rate per 1,000 population				0.42
or per 1,000 total births				28.5
Still Birth Rate per 1,000 population England				
& Wales				0.35

### Infant Mortality.

TABLE III.

Number of Infant Deaths, 1952.

		Male	Female	Total
Legitimate	...	6	2	8
Illegitimate	...	—	—	—
		—	—	—
Total	...	6	2	8
Infant Mortality Rate per 1,000 live births				33.6



**Deaths.**

## Number of Deaths Registered, 1952.

	Male	Female	Total
	96	92	188
Crude Death Rate per 1,000 population	...	...	11.4
Corrected Death Rate per 1,000 population	...	...	10.14
Death Rate per 1,000 population England & Wales	...	...	11.3

TABLE IV.

## Distribution of Deaths by Diseases.

	Male	Female	Total
Heart Diseases	26	28	54
Diseases of Intracranial Vessels	14	16	30
Other Circulatory Diseases	6	5	11
Respiratory Diseases (Excluding tuberculosis)	2	5	7
Diseases of Urinary System	2	1	3
Suicide, Accident or Violence	9	—	9
Cancer	13	17	30
All other Causes	24	20	44
Total	96	92	188

TABLE V.

## Distribution of Ages at Death.

	Male	Female	Total
0—1 month	4	2	6
1 month—1 year	2	—	2
1 year—10 years	—	2	2
11—20	1	—	1
21—40	7	3	10
41—60	11	14	25
61—70	17	18	35
71—80	36	27	63
81—90	15	19	34
91 and over	3	7	10
	96	92	188

## II. GENERAL PROVISION OF HEALTH SERVICES.

### 1. HOSPITAL AND MATERNITY ACCOMMODATION.

No changes were made in the hospital services to the district in 1952. Additional maternity accommodation was made available at the Old Tree Nursing Home, Launceston, and Trebarras Nursing Home, Liskeard, catering essentially for normal confinements, supervised by the patient's general practitioner, and admitted as first confinements or on grounds of unsuitable home facilities. Approximately one third of the notified births were conducted in hospital accommodation.

The more energetic supervision of tuberculosis contacts with the introduction of B.C.G. made it desirable for a separate session to be held at the East Cornwall Hospital, Bodmin, each month.

### 2. COUNTY COUNCIL SERVICES.

#### **Ambulance and Hospital Car Services.**

The service gave adequate cover throughout the year. A survey during the previous year indicated that the frequency with which the Main Station became unmanned was more than was desirable. An additional utilecon and male driver were added to the Station from May, 1952.

#### **Maternal and Child Welfare.**

(a) **Infant Welfare Centre.** The Centre in Wadebridge continued to serve the immediate vicinity. The average attendance in 1952 was 27 per session.

(b) **Ante-natal Services.** Ante-natal examinations were conducted by the patients' midwife at home. For those able to attend the Centre, a midwives' clinic was held fortnightly in Wadebridge for instruction in ante and post-natal care and parentcraft.

#### **Prevention of Illness, Care and After-Care**

**Tuberculosis.** All notified cases were visited regularly throughout the year. All contacts were investigated as appropriate, and B.C.G. vaccination was secured in 13 tuberculin negative persons. These measures are likely to have a minimal effect on the prevention of tuberculosis, limited as they are to household contacts of known cases. The majority of new cases arise from sources unknown, and the detection

of these sources should be the first step in eliminating the disease. Mass radiography is unlikely to be employed in the district for a very long time. Tuberculin testing of children of suitable age could be of some use, more particularly if milk supplies could be relied upon. During 1952 routine tuberculin testing by jelly was attempted in the immediate vicinity of Wadebridge, and was well accepted by parents. Five children between 6 months and 4 years were found to be tuberculin positive and all had strong association with tuberculous families.

**Problem Families.** Meetings of the Area Committee concerned with child neglect and ill-treatment were held during the year. Little real achievement could be claimed, but the Committee and public have shown a keen interest in the family admitted during the year to the Mayflower Home, Plymouth, for appropriate training. Some improvement appears to have been obtained, retarded considerably by the miserable accommodation to which the family had to return. The Council have an obligation to provide suitable accommodation for these families, but not necessarily new houses, which would be as much an embarrassment to them as a liability to the Council.

**Diphtheria and Whooping Cough Immunisation.** November 1952 saw the introduction by the County Council of immunisation against whooping cough. The vaccine is given either combined with diphtheria prophylactic or separately. The combined inoculation is now almost exclusively used. The fall in diphtheria immunisation recorded in 1950 and 1951 continued in 1952. Only 90 children of 209 born in 1951 had completed a course of immunisation by the end of 1952. Diphtheria is by no means completely eradicated from the County and such a complacent attitude is far from justified. The combined prophylactic may increase the rate of immunisation since parents have still a profound respect for whooping cough.

**Smallpox Vaccination.** Continued on a small scale during the year, 89 persons receiving primary vaccination.

## **School Health Services.**

**Premises.** There were no structural changes made in the schools in the Rural district during the year. Many are quite unsuitable for use, and others, particularly in the centres of population are severely overcrowded. The Education Authority are well aware of these conditions, but there appears to be little hope of their early remedy.

**Pupils.** At routine medical examination 170 children were classi-



fied as above average general condition, 665 as average, and 14 as below average.

**Milk and Meals.** These were provided satisfactorily in 1952. Some complaint of the keeping quality of milk was observed during the summer months in at least one rural school.

### **III. SANITARY CIRCUMSTANCES.**

#### **Water Supplies.**

The sampling of the district's piped water supplies continued throughout the year. Sampling of other sources was made on complaint only. The results of these sporadic samples indicate that many sources which have for a long time been regarded as good supplies are in fact contaminated, either by animal or human deposits. There would be little to be gained at present in frequent sampling of these small public supplies, or in improving the poor standard of wells and springs where the De Lank water is likely to reach so soon. It should suffice to ensure that for the remaining period all water taken from doubtful sources should be boiled before drinking. Areas not so fortunate should be ensured of a safe and sufficient quantity of water from other sources. It is of interest to note that a trial Metafilter installed in Blisland School has been successful in providing a bacteriologically suitable supply.

#### **Sewerage and Sewage Disposal.**

No sewerage extensions or schemes were carried out in 1952. Schemes were presented to the Council for the sewerage of St. Merryn and Lanivet parishes, and were under preparation for Blisland and St. Mabyn.

#### **Refuse Collection.**

The improvement in the refuse dump at Wadebridge was maintained, though continuously burning. The site is admirable and with adequate control would be much improved. The Council expressed their willingness to pursue the occupiers of property where unsuitable refuse containers were not used.

#### **Camping Sites.**

The licensed sites were well maintained through the year and no justifiable complaint was recorded. The improvement in the Treyarnon Bay site was most noticeable and if maintained should give rise to little trouble in the future.

## Sanitary Inspection.

### Summary of Visits

Nuisances	...	20
Housing Inspections	...	26
Food and Drugs	...	29
Factories and Workshops	...	1
Camp Sites	...	12
Water Supplies	...	19
Drain Tests	...	29
Infectious Diseases	...	3
Building Inspections	...	82
Drainage Defects	...	56
Others	...	63
		<hr/>
		340
		<hr/>

## IV. HOUSING.

Forty-three houses were completed during the year. No houses were submitted under Section 11, Housing Act, 1936.

## V. FACTORIES AND WORKSHOPS.

Only one visit was made under this heading during the year. The department received no complaint either from the public or the H.M. Inspector of Factories.

## VI. FOOD AND DRUGS.

### Ice Cream.

Five new registrations for the sale of pre-packed ice-cream were made during 1952. No samples were submitted for grading.

## Slaughter of Animals.

TABLE VI.

Carcases Inspected and Condemned.  
Cattle excluding

	Cows.	Cows.	Calves.	Sheep	Pigs.
Number Killed	1,479		1,401	3,858	592
Number Inspected	1,479		1,401	3,858	592

### All diseases except Tuberculosis.

Whole Carcases					
condemned	5	20	30	82	28
Part Carcases	243	Nil	9	157	32

### Tuberculosis Only

Whole Carcases					
condemned	15	26	Nil	1	14
Part Carcases	43	Nil	1	Nil	4

Alterations were made to the slaughterhouse which although improving the physical state do not materially alter the unsuitability of the premises for the amount of slaughtering carried out.

## Food and Drug Samples.

The County Council's Inspectors submitted 41 milk and 12 other samples for analysis during 1952. All milk samples were genuine, 2 other foodstuffs were defective. These related to flour and chocolates.

## VII. PREVALENCE & CONTROL OF INFECTIOUS DISEASES.

### Notified Infectious Diseases, (excluding tuberculosis).

Whooping Cough	...	64
Measles	...	14
Scarlet Fever	...	6
Puerperal Pyrexia	...	2
Erysipelas	...	1
Food Poisoning	...	6
Poliomyelitis	...	1
Paratyphoid	...	1
Dysentery	...	1
Acute Primary Pneumonia	...	5

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There was a considerable increase in notified whooping cough during 1952, cases occurring throughout the year with the maximum number during the summer months. No deaths were recorded either directly or indirectly to the disease. The introduction of the whooping cough vaccine should reduce the incidence of this wretched complaint, the aftermath of which is so frequently recorded on school medical inspections.

The notified case of paratyphoid was not confirmed, but was the result of infection by paracolon bacillus, which involved considerable numbers of Naval personnel at St. Merryn Air Station. The source of infection was traced to the milk supply. The single case of poliomyelitis proved fatal.

A simple survey of some of the Primary schools in the district located roundworm infestations in St. Issey and St. Ervan. Withiel, Cardinham and Blisland schools gave negative results. These findings have no profound significance, and as previously stated relate essentially to the methods of sewage disposal adopted in the Area. Infestation may be a minor cause of obscure respiratory and other symptoms particularly in early childhood and is probably far more common than is appreciated.

## Tuberculosis.

TABLE VII.

		Pulmonary.		Non-Pulmonary.		Total
		Males	Females	Males	Females	
Notified cases at 1.1.52	...	33	15	2	9	59
New Notifications, 1952	...	7	4	—	3	14
Transfers to R.D.	...	3	3	—	—	6
Total Entries	...	43	22	2	12	79
Removals from R.D.						
and Discharges	...	7	4	—	1	12
Deaths	...	2	—	—	—	2
Total Removed	...	9	4	—	1	14
Total Remaining 31.12.52		34	18	2	11	65

Eleven new cases of pulmonary tuberculosis were notified during 1952, and 3 of non-pulmonary conditions. Two pulmonary cases only were attributed to known cases, being discovered in the examination of immediate contacts. The sources of the remaining infections were not determined. As previously stated 13 tuberculin negative contacts of these cases were given B.C.G. vaccination during the year.

The non-pulmonary cases were all female and the sources most probably infected milk. The consumption of raw milk from unclassified sources is far too common. Unless the milk is tuberculin tested, and preferably pasteurised, milk should first be boiled.



## APPENDIX I.

## WATER SAMPLES, 1952.

North Cornwall Joint Water Board Supply.

Date		Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
16. 1.52	...	0	0
7. 2.52	...	0	0
26. 3.52	...	3	0
21. 5.52	...	7	0
6. 8.52	...	20	0
18. 9.52	...	0	0
22.10.52	...	0	0

## APPENDIX II.

## WATER SAMPLES, 1952.

## Wadebridge Supply.

Date		Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
9. 1.52	...	18	0
16. 1.52	...	5	0
30. 1.52	...	8	0
7. 2.52	...	0	0
13. 2.52	...	0	0
27. 2.52	...	8	0
6. 3.52	...	0	0
6. 3.52	...	13	1
26. 3.52	...	90	0
2. 4.52	...	0	0
16. 4.52	...	0	0
23. 4.52	...	0	0
21. 5.52	...	0	0
9. 7.52	...	25	5
19. 8.52	...	13	1
3. 9.52	...	35	0
18. 9.52	...	90	1
20.10.52	...	160	35
22.10.52	...	90	50
5.11.52	...	11	0
10.12.52	...	160	0



